

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

10/021,753

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
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42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48	/		/			
49		/		/		
50		/		/		
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS		2		2		2

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/				
52		/		/				
53	/		/					
54		/		/				
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98		/		/				
99		/		/				
100		/		/				
TOTAL IND.	11		12					
TOTAL DEP.	51		77					
TOTAL CLAIMS	62		89					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS